	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.					
\boxtimes	No additional claim fee is required.					COPI
	An additional claim fee is required, and is calculated as shown below:					
	 		AMENDE	D CLAIMS		
		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims		22	23	0	x \$ 50 (1202)	\$
Independent Claims		3	3	0	x \$ 200 (1201)	
☐ If Amendment adds multiple dependent claims, add \$ 360 (1203)						\$
Total Claim Amendment Fee						\$
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee						
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT						\$
Charge to Deposit Account No. 02-4800 for the fee due.						
	A check in the amount of is enclosed for the fee due.					
	Charge to credit card for the fee due. Form PTO-2038 is attached.					
	The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.					
			Respectfully	submitted		
			BUCHANAN II	NGERSOLL &	& ROONEY PC	

By:

Registration No. 46317

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620

Date <u>August 23, 2007</u>

